

REVIEWS.

ART. XVII.—*A Practical Treatise on the Surgical Diseases of the Genito-Urinary Organs, including Syphilis. Designed as a Manual for Students and Practitioners. With Engravings and Cases.* By W. H. VAN BUREN, A.M., M.D., Professor of the Principles of Surgery, with Diseases of the Genito-Urinary System and Clinical Surgery, in Bellevue Hospital Medical College, etc., and E. L. KEYES, A.M., M.D., Professor of Dermatology in Bellevue Hospital Medical College, etc. 8vo. pp. xvi., 672. New York: D. Appleton & Company, 1874.

THE high reputation of the authors of this volume, and the position which they claim for it in their preface, make it incumbent on the reviewer to examine the work with more than ordinary care, and to judge it by a higher standard than would be employed in dealing with the production of an obscurer writer, or with a book of less ambitious aim.

Referring to the tendency observed in all large communities for the practice of medicine to become subdivided into special departments, and to the facilities for clinical study afforded by large city hospitals, and the opportunities for teaching furnished by the establishment of medical schools, the authors add that cities are "the natural repositories of accumulating experience and the sources of advancing knowledge.

"It is from city practice and hospital experience, therefore," they go on to say, "that the materials for the preparation of text-books on special subjects would be naturally sought, and from these sources the substance of the present work has been mainly derived. Its object is to present to the student and general practitioner a succinct account of the nature and treatment of the diseases incident to the genito-urinary organs as they are encountered in private and hospital practice by those engaged in their daily and especial study. The literature of this department of surgery has been exhaustively studied with the purpose of reproducing every fact of practical value. It is hoped that the reader will recognize a conciseness in the grouping of these facts which will save him the necessity of reference to the numerous monographs and essays from which they have been collected."

It will thus be perceived that the authors professedly speak *ex cathedra*; they, as specialists, undertake to convey, in the volume before us, information which they have had special opportunities of acquiring, to their less-favoured brethren; and they not only communicate the results of their personal experience, but they claim, moreover, to have exhaustively studied the literature of their subject, and to have condensed in their work all that is worth knowing in regard to the diverse and intricate subjects of which they treat.

Before entering upon a detailed examination of their pages, let us say at once that, even when judged by the high standard which they themselves have set up, the authors' work impresses us as one of much merit, and as one which, upon the whole, satisfactorily fulfils its design. As a practical work it is, we think, particularly deserving of commendation; it covers more ground than any similar volume in our language with which we are acquainted, and its teachings upon almost all subjects are such as must be

approved by every judicious surgeon. Upon some few points we venture to think that the authors convey erroneous doctrine; but the very fact that upon these points such diverse views are entertained by equally competent authorities, shows that surgeons are still far from having acquired certainty upon these matters, and that with regard to disputed questions it is often safer to be undecided than dogmatical.

As to the encyclopediacal character claimed for the work, while we admit that the authors' reading has evidently been wide and profitable, we should hardly call it *exhaustive*; this epithet is, indeed, rather a large one, and in the present era of prolific authorship can seldom be applied with justice. In one respect the work is, we think, decidedly amenable to criticism; this is that the authors' excursions amid the *prata jucunda* of surgical literature seem to have begun and ended on the other side of the Atlantic: indeed the ingenuous student, or the inquiring general practitioner, who should rely exclusively upon Drs. Van Buren and Keyes's treatise, would inevitably infer that, apart from the authors, America had produced but a dozen or so surgeons living in New York, and a much smaller number sparsely planted over the rest of our wide country. We have no sympathy with that provincial spirit which regards American as better than European work, simply because it is American; but on the other hand we maintain that the work of our own countrymen is certainly no worse than that of foreigners, and that in a volume designed as a text-book for American students it should receive at least a share of attention. As an illustration of what has been said we may mention that among the hundreds of references in the foot-notes, including very many to English, French and German journals, we have been able to find but one to any article in the American Journal of the Medical Sciences, and that reference so indefinite that we cannot resist the suspicion that it has been taken at second-hand from Dr. Bumstead; but we know that this Journal has, during its forty-seven years of existence, contained papers, by writers in all parts of our country, which are of interest and value to students of genito-urinary surgery, and which, in our opinion at least, the authors might have advantageously consulted in the preparation of their work.

Leaving this subject we shall now invite attention to the general plan and execution of the book, and afterwards to such points as seem to us to call for special comment. The whole work is divided into two parts, the first treating of "Diseases of the Genito-Urinary Organs," and the second being devoted to the consideration of "Chancroid and Syphilis." The *first* part consists of twenty-eight chapters, and takes up successively Diseases of the Penis, Diseases of the Urethra (including Gonorrhœa and its complications, and Urethral Stricture), Diseases of the Prostate, Diseases of the Bladder, Vesical Calculus and its treatment by Lithotripsy and Lithotomy, Diseases of the Ureter, Diseases of the Kidney, Diseases of the Scrotum, Diseases of the Testicle, Maladies involving the Genital Function, Diseases of the Cord, and Diseases of the Vas Deferens and Seminal Vesicle. The *second*, and shorter part, contains thirteen chapters, two of which are devoted to Chancroid, and the remainder to Syphilis; the chapter on Syphilitic Diseases of the Eye, as we learn from the preface, has been entirely furnished by Dr. H. D. Noyes, and the authors acknowledge their indebtedness to Dr. Roosa for aid in the preparation of the chapter on Syphilitic Diseases of the Ear.

In Chapter I. are described the various affections met with in the penis, excluding those which involve the urethra. Wounds, contusions, and

so-called fractures of the penis are briefly considered, as are the various forms of tumour met with in this organ, and diseases of the prepuce and glans, including phimosis, paraphimosis, balanitis, vegetations, etc. In the account of the operation of circumcision, nothing is said about the use of fenestrated forceps for the preliminary introduction of sutures, and the instrument figured in the accompanying illustration is unfenestrated, though dubbed with Ricord's name; but the peculiarity of Ricord's instrument, according to Guérin and other systematic writers, consisted precisely in its being fenestrated instead of plain; it is but right to add that Ricord is said by Guérin to have subsequently abandoned the use of the suture altogether in this operation in favour of the *serre-fine*.

Chapter II. opens with an account of the anatomy of the urethra, and a description of the operation of catheterization. The proper curve for urethral instruments was carefully studied many years ago by Dr. Van Buren, by means of ingeniously planned experiments carried out in conjunction with the late Dr. Isaacs, and was ascertained to be the same as that recommended by Sir Henry Thompson, in his well-known work on stricture, and which is now commonly spoken of as the "Thompson curve." Deformities of the urethra, including hypospadias and epispadias, are briefly described, and in connection with the former, Bouisson's operation for incurvation of the penis is referred to; but no mention is made of the ingenious modes of treatment advocated respectively by Mr. Holmes, of London, and by Prof. Pancoast, of this city. Two pages are devoted in this chapter to the subject of "*Urethral and Sexual Hygiene*," and frequent references to the same occur in various parts of the book; the author's views upon these delicate topics seem to us eminently just and practical, and their instructions upon these points might be profitably studied by all medical men. In one particular they seem to us, however, to have gone rather too far, and that is in the freedom, not to say looseness, with which they have prescribed wedlock for all forms of sexual discomfort; apart from the moral side of the question, and the fact that the happiness of the innocent bride should be at least as much considered as that of the repenting sinner who proposes to seek health in matrimony; we greatly doubt whether marriage entered into simply as a means of cure, often proves efficient in conferring the benefits which are sought from it.

In speaking of *contusions of the urethra* (ruptured urethra), the authors say:—

"If the patient can pass water, and there is no infiltration of urine, no attempt should be made to introduce an instrument into the bladder immediately after contusion of the urethra, for fear of making a false passage at the injured point of the canal."

This we believe to be unsafe teaching; with care, a flexible catheter can almost always be passed in these cases, and the patient is, we think, much less exposed to the risk of urinary extravasation if a catheter is promptly introduced and kept in, than if he is permitted to attempt to pass water without the aid of an instrument. Failing to pass a catheter, the surgeon should, we think, at once lay open the urethra from the perineum. Upon this subject our readers may advantageously consult an interesting case reported by Dr. T. F. Betton in the number of this Journal for February 1837, p. 389, with an appendix by the editor, giving the details of a number of cases of a similar character.

A few pages are devoted in this chapter to the curious affection known as *Urethral or Urinary Fever*, and the subject is again adverted to in

one of the chapters on Lithotripsy. The authors do not seem to us to have thrown any new light upon the pathology of this disease, and, while recognizing in some cases a septicæmic or pyæmic condition, and in others one of uræmia, fall back upon our old friends "shock and reflex action," as being the cause of the symptoms in most instances. We have so often in these pages discussed the pathology of urethral fever and its congener gonorrhœal rheumatism, and given our reasons for believing that both are closely analogous to, if not actually mild forms of, pyæmia, that we need not revert to the question at this time, further than to say that the terms "vague suspicion" (p. 81), "vague opinions" (p. 321), and "vague ideas" (p. 322), by which the authors characterize the views of those who think as we do, seem to us much more applicable to the doctrines of "shock and reflex action" (pp. 46, 47), and "idiosyncrasy" (p. 81), which they themselves advance. We cannot but admire the *naïveté* with which Dr. Keyes tells in a foot-note (p. 46) how he has experimentally practised hypodermic injections of *urine* in the unsuspecting patients of the Charity Hospital—an observation *in corpore vili* with which he is so much pleased that he narrates it over again on page 144, adding that the patients ingenuously supposed that they were receiving injections of morphia.

This chapter ends with an account of *Foreign Bodies in the Urethra*, for the removal of which, when long and soft (as a bit of catheter or stick), a little operation is recommended which we do not remember to have seen previously described, and which is certainly ingenious and worthy of trial; this consists in transfixing the foreign body with a stout needle passed through the floor of the urethra, and pushing back the canal as far as possible, like a glove over a finger, then withdrawing the needle and transfixing again, and so gradually coaxing the foreign body forwards until it can be seized at the meatus.

Chapter III. is devoted to a consideration of *Gonorrhœa*, which the authors in common with most modern writers describe as being simply a virulent *urethritis*, though they think it desirable for practical purposes to retain both names, and to apply the latter to all cases of doubtful origin. In the treatment of gonorrhœa the authors attribute more value to internal medication than we are disposed to do, and particularly to the administration of copaiba, oil of yellow sandal-wood, and cubebs; although, as our readers know, we follow Abernethy in approving of the "constitutional treatment of local diseases," we have never been able to see the propriety of systematically burdening the alimentary canal with these nauseous remedies in seeking a cure for an affection of the urethra, which can in most instances be so conveniently and so satisfactorily treated by topical means alone. No allusion whatever is made to the use of copaiba by urethral injection, a mode of treatment which we believe originated with Dallas, of Odessa, and which, though no doubt valueless, appears at first sight sufficiently plausible, one would have thought, to have merited mention, even in the way of warning, in such an exhaustive work as this professes to be. In speaking of *deep urethral injections*, the instruments devised by Bumstead and Bigelow are referred to and figured, but no allusion is made to the equally ingenious appliances of Morgan, of Dublin, Durham, of London, and Hewson, of Philadelphia.

In Chapter IV. are considered the complications of gonorrhœa, including gonorrhœal rheumatism, and the two forms of gonorrhœal ophthalmia—the rheumatic and the conjunctival. *Epididymitis*, one of the most troublesome complications of gonorrhœa, is considered in another

part of the book in connection with diseases of the testicle. In the treatment of gonorrhœal conjunctivitis, or (as we prefer to call it) ophthalmic gonorrhœa, the authors advise free, and, if necessary, repeated division of the external canthus, so as to relieve the eye from pressure; and, in the early stage, if the patient be robust, repeated abstraction of blood by leeches or cups, together with irritant purgatives and low diet. We confess that this plan of treatment seems to us rather heroic; we are disposed to think that in a majority of cases the free administration of quinia will prove more truly antiphlogistic than the repeated application of cups. As regards local treatment, the authors justly lay stress upon the importance of canterization and the enforcement of cleanliness.

Stricture of the Urethra forms the subject of the next four chapters; and this is, upon the whole, one of the most satisfactory portions of the book. The various instruments needed in the management of stricture, and the proper mode of employing each, are carefully described, and no one can read these pages without perceiving that in this department of surgery the authors speak by the card, and teach out of the full knowledge of a large experience. Here we find much to praise and little to criticize. We cannot, indeed, share the authors' preference for metallic over flexible instruments in the treatment of stricture, and are somewhat surprised at their statement that "patients tested, at the same sitting, with soft and steel instruments, almost invariably complain less of the latter;" for our own observation has led us to form a different conclusion. It is but right to add, however, that Drs. Van Buren and Keyes only recommend steel instruments of a size not less than No. 9 of what they call the "American scale," i. e., five millimetres, or about one-fifth of an inch in diameter. The modes of treatment commended by the authors are simple dilatation, rupture, or divulsion, and internal and external urethrotomy. The method of continuous dilatation is but slightly referred to, which we think an error, for we regard it as the next best method to simple dilatation; and, though Arnott's use of fluid pressure is mentioned, no reference is made to the more recent and ingenious mode of employing the same agent advocated by Coze, of Strasbourg; nor to the use of laminaria bougies, as practised by Reeves and Newman. Yet these are modes of treatment the merits or demerits of which should, we think, have been pointed out in a text-book written by specialists upon the subject of their specialty. It could not be expected, perhaps, that all the urethrotomes and divulsors which the ingenuity of surgeons has suggested, should be described; and, indeed, the authors profess to give an account only of "the type instruments of each class." Yet room, we think, might have been advantageously made for a notice of the excellent splitting instrument devised by Richardson, of Dublin; and we should like to see an authoritative condemnation of a certain urethrotome which is found in our cutlers' shops under the name of a learned Professor of Philadelphia. Again, we think some notice should have been taken of the ingenious modifications in the operation of external urethrotomy suggested respectively by Jordan, of Birmingham, and by Mastin, of Mobile; and, in connection with the operations of puncturing the bladder through the rectum and above the pubes, some account should have been given of Brander's method of puncturing through the symphysis, and of Cock's recently revived mode of "tapping the urethra at the apex of the prostate." Still these are, after all, comparatively unimportant defects; and we should not, perhaps, have thought it worth while to notice them but for the authors' assertion that they had exhausted the literature of their subject.

We have been particularly struck by the extent to which the authors push the maxim "*Festina lente*" in the treatment of stricture by simple dilatation. They lay it down as a rule in these cases,

"That it is bad surgery . . . to reintroduce an instrument—unless it be filiform—before the lapse of at least seventy-two hours, and that more rapid progress will be made with the case by waiting till after ninety-six hours—often even until the sixth, seventh, or eighth day;" and that, "in brief, intervals of a week, especially in cases of old stricture, are generally more beneficial than any shorter period."

They also direct that, when an instrument has reached the bladder, it should be at once gently withdrawn, and believe that nothing is gained by leaving it even for a moment.

In a foot-note to the section on *External Perineal Urethrotomy, with a Guide*, Dr. Van Buren gives a plain, and, so far as we can judge, a perfectly candid and apparently truthful account of the introduction of what are commonly known as tunnelled urethral instruments—an account which those of our readers who also read the *New York Medical Record* will hardly need to be told differs in essential particulars from that which has been somewhat industriously circulated by a former assistant of Dr. Van Buren, who has thought proper to claim the invention as his own. We have no desire to take any part in this controversy, but feel that it is due to Dr. Van Buren to say that, judging from all the evidence on the subject which has been brought to our notice, we see no reason to doubt that the merit of the original suggestion of tunnelled instruments, be it great or small, is due to him, and to him alone.

We cannot do better, in terminating our examination of this part of the volume, than to quote the authors' "*Summary of Treatment of Stricture.*"

"1. Alkalies, diluents, and rest, are serviceable in most cases of stricture; sometimes indispensable if there be any serious complication.

"2. All uncomplicated strictures, not highly irritable or resilient, should be treated by dilatation with soft instruments up to No. 9, conical steel sounds afterwards; reintroductions being made every fourth to eighth day—the older the stricture the longer the interval as a rule, and intervals of one week being most serviceable in the majority of cases.

"3. All strictures at or near the meatus must be cut.

"4. Resilient, very irritable, and, as a rule, traumatic strictures are best treated by divulsion if they lie below four and one-half inches from the meatus, otherwise by internal urethrotomy. When a resilient stricture cannot be divulsed, it should be cut—internally.

"5. Impassable stricture may usually be overcome—where there is no restriction—by time, patience, and skill, with whalebone bougies. If finally proved impassable, the treatment is external perineal urethrotomy.

"6. Retention is treated by hot baths, ether, opium, tincture of the sesquichloride of iron; failing these, by puncture above the pubis with the aspirator or through the rectum to gain time; or by external perineal urethrotomy without a guide.

"7. For stricture complicated by abscess, infiltration, or many and large fistulae, and for extensive traumatic stricture, external perineal urethrotomy.

"8. For infiltration, free incisions, stimulants, supportives, with thorough external division of the stricture.

"9. For fistula with loss of substance, local cauterization, lace suture, or plastic operation. Where there is no loss of substance, complete dilatation of the stricture is soon followed by closure of the fistula."

Chapters IX. to XI., inclusive, are devoted to *Diseases of the Prostate*, and furnish an excellent account of the various affections to which this

small but sometimes troublesome organ is subject. In referring to Thompson's anatomical investigations as to the frequency of enlarged prostate in old persons, no reference is made to Dr. Messer's more extended series of dissections (though Sir Henry Thompson himself refers to them with proper acknowledgment), nor to the similar but even more extended investigations made respectively by Professor Dittel, of Vienna, and by Dr. J. W. Lodge, of Philadelphia. To the two forms of "bar at the neck of the bladder," ordinarily recognized by surgical writers, Drs. Van Buren and Keyes add a third, which they describe as "centric median hypertrophy, where a transverse bar of hypertrophied tissue is formed, instead of the usual oval tumour." We confess that we see no advantage in separating this from the more common form of median hypertrophy which constitutes the so-called "third lobe of the prostate." The pages devoted to the treatment of enlarged prostate are eminently judicious and practical. We should like, however, to find some expression of opinion as to the plans which have been from time to time suggested as modes of *curative* as distinguished from *palliative* treatment—such as the use of pressure, originally employed by Physick, the various crushing and tearing operations still in vogue amongst French surgeons, and the interstitial injection of tincture of iodine recommended by Heine.

The section on *Cancer of the Prostate* does not impress us as favourably as those which precede it. Tanchou's statistics are quoted, but Thompson's exposition of their fallacy is not referred to, and no notice is taken of the very elaborate memoir on prostatic cancer recently published by Jolly.

Chapters XII. and XIII. are occupied with an account of various *Diseases of the Bladder*. A short account is given of the condition known as extroversion or exstrophy—the authors persist in spelling it *extrophy*¹—of this organ, but no mention is made of the ingenious operations suggested or practised, with the hope of effecting a radical cure in cases of this affection, by Simon, Lloyd, Athol Johnstone, Holmes, and Sydney Jones. The less ambitious, but more satisfactory mode of treatment by plastic operation, is briefly referred to, but its history is carried no further than the year 1865; had the authors been familiar with one or two papers which have appeared in this Journal during the last few years, they might, we think, have made this section of their work both more interesting and more valuable than it is.

Wounds and ruptures of the bladder, the presence of foreign bodies in this organ, and retention and incontinence of urine are successively considered, but the remarks upon these several subjects call for no special comment. An interesting section is devoted to chorea of the bladder, a rare affection, of which the authors give three illustrative cases, and which they have found amenable to hygienic and general tonic treatment. Three pages are given to the subject of hæmaturia, but no reference is made to Mr. Hilton's interesting lectures upon the aid afforded by examination of the coagula in ascertaining the source of the hemorrhage in these cases. The twelfth chapter terminates with an account of the affection known as neuralgia of the neck of the bladder, for which the authors recommend their favourite remedy—matrimony—with the occasional introduction of a conical steel sound.

¹ It is rather odd that writers who think it necessary to explain that "lithic acid" comes "from the Greek λίθος, a stone" (p. 259), should not have taken the trouble to look up the derivation of exstrophy, when they would, of course, have found its origin to be from στρέφω, *I turn*, and not from τρέφω, *I nourish*.

In Chapter XIII. are considered the important subjects of *Cystitis*, acute and chronic, *Pericystitis*, *Atony*, and *Paralysis of the Bladder*, and various rarer affections, such as tuberculosis and cancerous disease of this organ, and the development of fibrous, cystic, and villous growths. Battey's and Powell's operations of cystotomy for chronic cystitis are mentioned, but no reference is made to Guthrie as the original suggester of this mode of treatment, nor to the early operation of Willard Parker, nor to the more recent instances of its employment, in the female, in the hands of Sims, Bozeman, and Emmet. For simple atony of the bladder the authors recommended injections of cold water, beginning at a temperature of 90° F. and running down as low as 40°.

Chapter XIV., on *Stone in the Bladder*, contains a great deal of valuable information, conveyed in a plain and practical manner, and may be studied with advantage by every practitioner of surgery. In a foot-note to page 272, Dr. Van Buren gives an interesting account of "the first case of lithotomy with anæsthesia." We could wish that all surgeons were impressed with, and would practically act upon, the truth conveyed in the following sentence—a truth which applies as well to other capital operations as to lithotomy:—

"The simple fact that an operation can be done is no reason why it should be done in the face of very serious risk to life; and it is hardly necessary to say that the temptation to perform a capital operation, even at his urgent request, should never weigh for a moment against the best interests of the patient who places his life in our hands."

Some surgeons, however, seem to consider it a point of honour, in every case to do *something*, even if that something should but serve as a "happy despatch" to hurry their patient with redoubled velocity out of the world.

Lithotrity forms the subject of Chapters XV. to XVII. inclusive. The first suggestion of this mode of treating stone is, as usual, attributed to Gruithuisen (or, as his name is here spelled, Gruithausen), but no reference is made to the claim of priority which has been advanced, and, so far as we know, never disproved, on behalf of the Italian surgeons, Santorio and Ciucci. Sir Henry Thompson's statistics are quoted, but the authors seem to be familiar only with his report of 184 cases in the 53d volume of the *Medico-Chirurgical Transactions*, and not with his more recent and more elaborate report of 204 cases in the second edition of his *Practical Lithotomy and Lithotrity*. In speaking of the means employed to assist the evacuation of fragments after lithotrity in cases of atonied bladder, Clover's apparatus is described, but no allusion is made to the ingenious siphon arrangement, employed by Prof. Dittel, of Vienna. In this portion of their volume the authors recur to the subject of urethral or urinary fever; we venture to think that a study of Dr. Dickinson's admirable paper "On disseminated Suppuration of the Kidney," in the last volume (56th) of the *Medico-Chirurgical Transactions*,¹ would render them less emphatic in their denunciation of the "vague opinions" of those who are disposed to look upon this affection as a form of pyæmia.

Chapter XVIII. is devoted to the subject of *Lithotomy*. The authors do not seem to be quite clear as to the relative positions to be assigned to this operation and lithotrity. On page 280 they tell us that the latter "has taken position, not as a rival of lithotomy, but as a new and additional resource, etc.;" but on page 328 they say that lithotomy "is an operation of far less importance than its powerful rival lithotrity;" while

¹ See also No. of this Journal for July, 1873, p. 251.

on page 329 they again change their tone, and declare that "lithotomy still holds its place as one of the grandest operations of surgery, and still has no rival in at least fifty per cent. of all cases of stone, taken collectively, at all ages."

The lateral, median, and supra-pubic, are the only forms of operation described by the authors; this we think an error in judgment, for in a special text-book, such as they have undertaken to furnish, the student reasonably expects to find an account of every mode of proceeding which is not obsolete, and which is advocated by respectable authority. Even were the medio-lateral (Buchanan's), the medio-bilateral, and the pre-rectal operations omitted, at least the ordinary bilateral and recto-vesical operations should have received some attention. The directions given as to the manner of performing the various operations are usually clear and comprehensive, such, indeed, as would be expected from writers who are known as both skilful surgeons and practised teachers. As a matter of personal preference, we are disposed to consider fenestrated forceps, lined with linen, as more generally useful than the heavy bladed forceps which alone are described by the authors, and we think the direction given that the right side of the prostate should be invariably divided whenever the stone is more than one inch in diameter, unnecessarily sweeping, for we feel sure that stones of this size, or even somewhat larger, may, ordinarily, be removed with perfect safety by the single left-sided section. Speaking of the treatment of deep-seated hemorrhage, after the operation of lateral lithotomy, the authors recommend the tying in of a tenaculum, and describe and figure Keith's instrument (with removable handle), but do not mention the name of Physick, as having eighty years ago successfully resorted to this mode of treatment; nor do they make any allusion to the well-known forceps subsequently devised by the same surgeon for the application of a ligature in these cases. Prof. Gross's "artery compressor" is referred to, but no notice is taken of John Bell's advice to secure the bleeding vessel "by laying hold of it with the old artery-forceps and letting them remain for the night."

Chapters XIX. and XX. are devoted respectively to *Diseases of the Ureters* and *Diseases of the Kidney*. Chapter XIX. occupies less than a page, and though rupture of the ureter is alluded to, no notice is taken of the late Mr. Poland's valuable paper on the subject. Chapter XX. is upon the whole well done, but we doubt the wisdom of undertaking the description of what are generally recognized as *medical* affections in a *surgical* text-book; almost all the subjects discussed in this chapter may be found as well if not better treated of in works on practical medicine, and the space which they here occupy might we think have been more profitably occupied with other matters. In the section on *peri-nephritic abscess*, Dr. Bowditch's paper read in 1868 before the Boston Society for Medical Observation, is quoted, but the authors do not seem to have met with Dr. B.'s more recent and much more elaborate memoir published in the Report of the Boston City Hospital, for 1870, while Trousseau's investigations upon the same subject are not even alluded to. *Nephrotomy* for renal calculus is more favourably regarded by the authors than by most surgical writers, and more so, we think, than is justified by recorded experience. The famous case of the archer, quoted by Paré from Monstrelet, which Drs. Van Buren and Keyes seem to look upon as authentic, may, we think, since Velpeau's *tranchant* criticism of it, be dismissed as apocryphal; while of the four cases which have been recorded since Mr. T.

Smith urged the revival of the operation,¹ two terminated fatally, and in the other two no stone was found. Hence, Marchetti's case remains as the only one in which the operation has hitherto proved successful. Half a page is given to *ablation of the kidney*, and Dr. Peters's paper is erroneously referred to as containing "a report of the only cases (three in number) where a similar operation had been performed previous to his own." A reference to the number of this Journal for January, 1873 (p. 278), will show that the number of cases on record is considerably larger than that given by Dr. Peters.

Chapter XXI. is devoted to *Diseases of the Scrotum*. A paragraph is given to the affection known as elephantiasis of this organ, but though it is stated that, in operations for removal of the hypertrophied scrotum, "patients are apt to die on the table, from hemorrhage, which is always excessive," no reference is made to the ingenious plans suggested for the prevention of this accident by O'Ferrall, Fayrer, and other surgeons.

Diseases of the Testicle form the subject of the next four chapters, which upon the whole afford a very satisfactory exposition of the important matters upon which they treat. This review, however, has already extended to such length that we must refrain from examining them with as much minuteness as they deserve. From expressions used on pp. 402 *et seq.*, we infer that the authors hold the view that the cure of hydrocele is invariably effected by the adhesion of the opposing surfaces, and consequent obliteration of the cavity, of the tunica vaginalis; such indeed we believe to be usually the fact, but several cases which have fallen under our own observation have led us to think that Mr. Erichsen is right in declaring that, in some instances at least, obliteration of the cavity is not necessary. We do not approve of the authors' recommendation that, in the treatment by iodine injection, a large quantity of fluid should be thrown in and subsequently withdrawn; we believe, with the late Mr. Syme, that a much surer method is to inject a small quantity of the undiluted tincture (not exceeding three fluidrachms), and to allow it to remain. Epididymitis is well described in this portion of the volume, in connection with orchitis proper (from traumatic causes, etc.), but no reference is made to what we consider the best mode of treatment, viz., puncture of the tunica albuginea, as originally suggested by Petit,² and more recently practised on a large scale by Vidal (de Cassis) and H. Smith. Puncture of the tunica vaginalis is alluded to, but this is a different, and, as we venture to think, a less efficient remedy. The section on tuberculous disease of the testicle is a very good one, but might we think have been still further improved by referring to Salleron's elaborate memoir upon this subject.

Chapter XXVI. is devoted to a consideration of *Maladies Involving the Genital Function*, and is, in our judgment, one of the best, if not the very best, in the whole volume. The delicate questions treated of in this chapter are discussed with modesty, and at the same time in a perfectly practical manner, and the authors' views seem to us decidedly more consonant with reason than those maintained by Mr. Acton in his well-known work *On the Functions and Disorders of the Reproductive Organs*.

Diseases of the Cord (including varicocele) are described in Chapter XXVII., and *Diseases of the Vas Deferens and Seminal Vesicles* in Chap-

¹ The modern literature of nephrotomy is not alluded to by the authors.

² Not PETIT le Grand, but a less famous surgeon who wrote in the early part of the present century.

ter XXVIII. We quite agree with the authors that varicocele, in the large majority of cases, requires merely palliative if any treatment; but we cannot subscribe to the doctrine which they advance that, when more radical measures are needed, "in the vast majority of cases but one operation is allowable, namely cutting off the redundant scrotum." On the contrary, we regard this as more severe than almost any other of the various modes of treatment which have been suggested, and as certainly more so than that of Mr. Henry Lee, which seems to us as little open to objection as any operation of the kind can be.

We have already consumed so much of our allotted space, in noticing the first part of Drs. Van Buren and Keyes's treatise, that we must greatly abbreviate what we should like to say about the second portion, that which treats of Chancroid and Syphilis. This we regret the less, however, because the views which they advance correspond in most respects with those which we have so often maintained in the pages of this Journal, and because there is little indeed in this part of the work to call for criticism.

One or two points, however, we cannot let pass unnoticed. We have already had occasion to comment upon Dr. Keyes's zeal for experimental study upon the bodies of his hospital patients, but we find in a foot-note to page 478 an observation which throws his hypodermic use of urine quite into the shade.

"It has been stated," he tells us, "that chancroid will not take upon a patient suffering at the time from acute febrile disease. To test this point, Dr. Fiset, at the Charity Hospital, at my suggestion undertook some experiments. They were, unfortunately, interrupted after the doctor had inoculated one patient three times upon the thigh, the gentleman in charge of the fever wards being fearful lest syphilis¹ should be introduced among his patients. . . . Two of the punctures took perfectly, although the process of ulceration was very slow. On the thirteenth day, pus from one of these ulcers was inoculated upon a healthy patient, with the effect of producing a characteristic chancroid. The ulcers on the leg of the typhoid patient finally became conjoined in a single ulceration two inches in diameter, which was dressed with iodoform, and on the patient's discharge from the hospital, convalescing, after a sojourn of fifty-three days, the ulcer was reduced to a diameter of one inch, and was healing."

But on page 484 the authors declare (and truly) that

"During the whole period of its existence the chancroid furnishes auto-inoculable pus. The old theory, that after repair was well advanced the secretion ceased to be poisonous, is no longer tenable."

Hence this unfortunate fever patient was not only himself endowed with a disease from which he was free when he entered the hospital, but was sent out with a large, unhealed chancroid, ready to contaminate any unwary person with whom he might happen to come in contact. In *Care periculum* may be all very well, but when a chancroid is bestowed for the benefit of science upon an unsuspecting charity patient, he should at least be cured again before he is let loose upon the public.

On page 504, the authors give instructions for the opening of buboes, but neglect to say in what *direction* the incision should be made; this we consider a matter of some importance, believing that the healing process is more quickly accomplished when the incision is made to correspond with the long axis of the patient's body, than when, as is often done, it is made in a line parallel to Poupart's ligament. In the authors' remarks upon

¹ This gentleman could not, apparently, have been sound on the question of the *duality* of venereal sores.—REVIEWER.

the transmission of syphilis by inoculation of secretions, we find no reference to the early observations of Dr. Hammond, nor to those more recently published by Mr. Morgan and Mr. H. Lee. While we quite agree with Drs. Van Buren and Keyes that the initial lesion of syphilis is always a chancre, and that there is no condition to which the name of syphilitic gonorrhœa can with any propriety be applied, we think that the testimony now before the profession renders it unsafe to deny that, as *secondary* lesions, contagious urethral and vaginal discharges may occur in cases in which no ulcerations or abrasions can be detected.

In the *treatment* of syphilis, the authors recommend the use of mercury during the primary stage, in this differing from Dr. Bumstead and others, who postpone specific treatment until the manifestation of secondary phenomena; again the authors recommend that the mercurial course should be continued from six to eighteen months after the disease is apparently cured, while Bumstead suspends treatment within a few weeks after the cessation of all appreciable symptoms. For our own part we see no objection to the cautious use of mercury during the first stage of the disease, and believe that, though its employment may not prevent the occurrence of secondary symptoms, it at least renders them milder; when, however, the secondary stage has been safely gone through with, and the patient is restored to health, we see no advantage in further persistence in treatment, particularly as it is by no means certain that tertiary symptoms will occur in every case, and as, on the other hand, it is very doubtful whether the use of mercury under these circumstances actually exercises any prophylactic influence.

A few words must be said before concluding as to the qualities of the book, as a literary production. In spite of occasional but probably unavoidable repetitions, the authors' arrangement of their matter is convenient, and their style generally clear, concise, and elegant; we have, indeed, noted one or two odd words or expressions, such as *gouts* of mucopus, *pilimiction*, and "the diagnosis is *with*," instead of "the diagnosis is *from*;" moreover, we cannot appreciate that purism which leads the authors invariably to substitute "kidney-stone" for "renal calculus," while at the same time they try to naturalize such detestable barbarisms as "Cowperitis," "peri-cowperitis," and "phimosed." The numerous references in the foot-notes give an air of erudition to the pages of the book, but are in many instances of but doubtful utility; it is bad enough to be referred, as is frequently done, to a single large volume in a foreign language, without any indication of edition, date, or page; but how bald and valueless are such citations as "Guy's Hospital Reports" (p. 318), "Dublin Medical Press" (p. 94), and "Philosophical Transactions" (p. 370). As for the reference to Humphrey's paper on page 346, it is hardly necessary to say that the *Trans. Prov. Med. Assoc.*, for which Humphrey wrote, were the Transactions of the *Provincial*, and not of the *Providence Medical Association*.

The publishers' share in the production of the volume is deserving of all praise. The paper is good, and the printing neat and more than ordinarily accurate, while the illustrations, though not numerous, are usually appropriate and well executed.

In terminating this review we beg to say again that we look upon Drs. Van Buren and Keyes's Treatise as a very valuable contribution to surgical literature. Considering the wide range of the subjects which it embraces—covering, as it does, the same ground as the several works of Sir Henry Thompson, Mr. Curling, Mr. Acton, and Dr. Bumstead—it must be

looked upon as a model of judicious condensation, while at the same time every chapter shows that its authors have not derived their materials from books alone, but from the fertile field of a wide practical experience. If in the preceding pages we have seemed to deal more in criticism than in commendation, it is because the merits of the work are so obvious that he who runs may read; and because we have deemed it necessary to justify the charge which we felt compelled to make at the beginning, that the authors' research into the literature of their subject had been less exhaustive than they seemed disposed to believe. Should these lines fall under the authors' observation, we would venture to express the hope that in a second edition (which we feel sure will ere long be demanded) they will either make the book more exclusively didactic—imparting, as none have a better right to do, their own opinions only, with all the authority to which they are entitled—or else that they will spare no pains to make it in fact, as in design, a complete exposition of the existing state of genito-urinary surgery in all parts of the world. In the latter case we hope moreover that the work will possess, more than it does at present, an *American* character. The book is already such a good one that it would be a great pity if, for want of a little labour, it should not in future editions approach still nearer to perfection.

J. A., JR.

ART. XVIII.—*A Manual of Toxicology, including the consideration of the Nature, Properties, Effects, and Means of Detection of Poisons, more especially in their Medico-legal Relations.* By JOHN J. REESE, M.D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, etc. 8vo. pp. 507. Philadelphia: J. B. Lipincott & Co., 1874.

TOXICOLOGY is a subject apt to be slurred or even not taught at all in our medical schools, and thus it comes to be the branch of medicine about which the average practitioner knows least. He has at his tongue's end the duration of a fever, the date when to expect secondary symptoms following a chancre, or the pathology of pneumonia; but if suddenly put on the witness-stand and asked how soon after taking arsenic the metal can be found in the liver; how long after death prussic acid can be detected in a body; or what are the lesions in phosphorus poisoning, he is pretty sure to cut a sorry figure; while of chemical analysis he generally knows nothing. Even in the practical matter of the therapeutics of poisoning, we see a suggestive indication of professional ignorance in the full directions for treating such cases commonly provided so carefully in physicians' diaries to the exclusion of the more usual catalogues of eclipses and tables of postage-rates. Dr. Reese's book should, therefore, be sure of a welcome on our tables, presenting, as it does, the practical essentials of toxicology in a compact and accessible form. The work may be divided, for the purposes of the reviewer, into two parts; the first being the chapters dealing with the general considerations of the science, and the second those occupied with the detailed account of individual poisons.

Dr. Reese begins with a carefully worded definition of a poison, and in view of the keenness of cross-examinations in the witness-box, it is well to have our ideas on this subject accurate.